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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application of Docket Nurseben 3		
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
FOR N			UMBER FILED		NUMBER EXTRA		RATE (\$) FEE (\$)			RATE (\$)	FEE (\$)
	SIC FEE CFR 1.16(a), (b), or (c)							, <u>, , , , , , , , , , , , , , , , , , </u>	1	10.112 (4)	1 22 (\$)
SEA	RCH FEE					1			1		
(37 CFR 1.16(k), (i), or (m)) EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))						1					
тот	AL CLAIMS OFR 1.16(i))	,	minus 20 = *		·	1	x =		OR	x =	
IND	EPENDENT CLAIN CFR 1.16(h))	ıs	minus 3 = *			1	x =		1	x =	
(37 (21 10 (11))		If the specification and drawings exceed			1					
APP FEE	LICATION SIZE		sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each					i			
	CFR 1.16(s))	additiona	additional 50 sheets or fraction th				·				
35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						1					
MUL	TIPLE DEPENDE	NT CLAIM PRES	SENT (37 C	FR 1.16(j))	j						
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		l	TOTAL	
APPLICATION AS AMENDED - PART II OR OTHER THAN										THAN	
\vdash	(Contract)				(Column 3)	, – 1	SMALL ENTITY		ı	SMALL ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	(37 CFR 1.18(i))		Minus	20	= /		x =		OR	х =	
	Independent (37 CFR 1.16(h))		Minus	~~ <u>3</u>	=/		x =		OR	x =	
ME	Application Size Fee (37 CFR 1.16(s))					1					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
•							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)	•	(Column 2)	(Column 3)	_			_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))		Minus	**	=		x =		OR	х =	
	Independent (37 CFR 1.18(h))	•	Minus	***	=	1	x =		OR	x =	
ME	Application Size Fee (37 CFR 1.16(s))					1					
\bigsqcup^{\checkmark}	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"											

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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